

# AILA Membership Mailing List License

## Contract & Payment Worksheet

The American Immigration Lawyers Association (AILA) is the national association of more than 16,000 attorneys, paralegals, law professors, and law students who practice and teach immigration law. AILA member attorneys represent U.S. families seeking permanent residence for close family members, U.S. business seeking talent from the global marketplace, as well as foreign students, entertainers, athletes, and asylum seekers. Founded in 1946, AILA is a nonpartisan, not-for-profit organization that provides continuing legal education, information, professional services, and expertise through its 39 chapters and over 50 national committees.

The AILA mailing list may be licensed for a one time use only subject to the following rules: A formal request must be completed before approval is granted, and must contain:

1. The completed and signed list license contract & payment worksheet
2. A sample of the mail piece
3. Payment in full (including shipping and handling)

## Contact Information

Company		
Contact Name		
Address		
City	State/Province	Zip/Postal Code
Phone	E-mail	

## List Selections Available (no merge/purge between selections)

**Entire AILA Membership** (approximately 13,500) \$2,500

**Breakout by practice specialty** (Please contact AILA for current members within each area. Failure to include appropriate amount will delay your request.) Most AILA members practice in more than one specialty. Please check the areas in which you are interested.

<input type="checkbox"/> Asylum	<input type="checkbox"/> Consular Processing	<input type="checkbox"/> Employer Sanctions	<input type="checkbox"/> Investor	<input type="checkbox"/> Litigation	<input type="checkbox"/> Naturalization
<input type="checkbox"/> Business	<input type="checkbox"/> Deportation	<input type="checkbox"/> General	<input type="checkbox"/> Family	<input type="checkbox"/> Medical	
Specify total name count	x \$0.25 per name* = \$			+ \$50 set up fee = \$	

**Breakout by state membership** (Please contact AILA for current members within each area. Failure to include appropriate amount will delay your request.) Please circle the states in which you are interested.

<input type="checkbox"/> AK	<input type="checkbox"/> AL	<input type="checkbox"/> AR	<input type="checkbox"/> AZ	<input type="checkbox"/> CA	<input type="checkbox"/> CO	<input type="checkbox"/> CT	<input type="checkbox"/> DC	<input type="checkbox"/> DE	<input type="checkbox"/> FL	
<input type="checkbox"/> GA	<input type="checkbox"/> HI	<input type="checkbox"/> IA	<input type="checkbox"/> ID	<input type="checkbox"/> IL	<input type="checkbox"/> IN	<input type="checkbox"/> KA	<input type="checkbox"/> KY	<input type="checkbox"/> LA	<input type="checkbox"/> MA	
<input type="checkbox"/> MD	<input type="checkbox"/> ME	<input type="checkbox"/> MI	<input type="checkbox"/> MN	<input type="checkbox"/> MO	<input type="checkbox"/> MS	<input type="checkbox"/> MT	<input type="checkbox"/> NC	<input type="checkbox"/> ND	<input type="checkbox"/> NE	
<input type="checkbox"/> NH	<input type="checkbox"/> NJ	<input type="checkbox"/> NM	<input type="checkbox"/> NV	<input type="checkbox"/> OH	<input type="checkbox"/> OK	<input type="checkbox"/> OR	<input type="checkbox"/> PA	<input type="checkbox"/> PR	<input type="checkbox"/> RI	
<input type="checkbox"/> SC	<input type="checkbox"/> SD	<input type="checkbox"/> TN	<input type="checkbox"/> TX	<input type="checkbox"/> UT	<input type="checkbox"/> VA	<input type="checkbox"/> VT	<input type="checkbox"/> WA	<input type="checkbox"/> WI	<input type="checkbox"/> WV	
Specify total name count				x \$0.25 per name* = \$			+ \$50 set up fee = \$			

## Payment Information

If you are paying by credit card, you will be provided with a credit card authorization form to submit via fax, a number to call and provide your card details by phone, or a link to the AILA store to process online. Payment must be completed within 5 business days of invoice receipt. If you are paying by check, please mail the check, along with a copy of this contract, to the following address:

**American Immigration Lawyers Association**

P.O. Box 424062  
 Washington, DC 20042

**ADVERTISER/EXHIBITOR POLICY STATEMENT:** All contracts are subject to acceptance by AILA. AILA reserves the right to refuse any vendor for any reason. All list license requests must be in writing, accompanied by payment and sample of mailing piece. Advertising contracts must be pre-paid to receive discounted rates. Publisher reserves the right to reject any advertisement that is not in format specified above. Publisher receives the right to reject any advertisement deemed to be of questionable taste or exaggerated claims. Publisher accepts advertisement with the understanding that the advertiser and/or agency is responsible for the contents of the advertisement and absolves the publisher from all claims.

Signature	Date
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**RETURN PAYMENT, CONTRACT, AND ARTWORK TO:**

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 Washington, DC 20005-3142  
 Phone: 202-507-7600  
 Fax: 202-783-7853  
 E-mail: [advertising@aila.org](mailto:advertising@aila.org)